

SAN FRANCISCO LESBIAN, GAY AND BISEXUAL SUBSTANCE ABUSE NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Prepared For:

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EXECUTIVE SUMMARY

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A needs assessment to determine the alcohol and other drug (AOD) abuse problems of San Francisco lesbians, gay men, and bisexual men and women, as well as the availability of services to these populations, was initiated in late 1990. The effort was led by the Lesbian and Gay Substance Abuse Planning Group (LAGSAP), a network of substance abuse service providers in the lesbian and gay communities, and funded by the San Francisco office of Community Substance Abuse Services (CSAS). EMT Associates, Inc., a research consulting firm in Sacramento, was contracted to conduct the study.

The study gathered data on AOD use behavior from 318 lesbian and bisexual women, and 416 gay and bisexual men,¹ through written questionnaires. In addition, 140 service providers completed questionnaires about AOD service availability. Interviews were conducted with policy makers, service providers, and other individuals; and an extensive survey of relevant research and clinical literature was conducted.


Following are summaries of key findings on AOD use presented separately for men and women. Key findings on the service system, and implications for future services, are then presented.

KEY FINDINGS: AOD USE PATTERNS OF LESBIANS AND BISEXUAL WOMEN

- Lesbian and bisexual women appear to use alcohol and other drugs more often, in greater amounts, and in combination more often than women in the general population.²

¹The total gay, lesbian and bisexual population of San Francisco is difficult to estimate. Using the generally acknowledged figure of 10 percent, the combined population would be a minimum of approximately 73,000. The San Francisco Office of AIDS estimates a gay and bisexual male population of 40,000 to 60,000. No comparable separate statistic is available for lesbians and bisexual women, but using a range of 10-15 percent of the total female population, a possible 36,000 to 54,000 women would be included.

²Comparisons are to data on the general population gathered by the National Institute on Drug Abuse (NIDA) in its National Household Survey on Drug Abuse: Population Estimates 1990, DHHS Publication No. (ADM) 89-1636, 1989.



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- Nearly 1 out of every 5 (18%) of all lesbian and bisexual women reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 13.5 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as one third of these women currently may be using AOD at risky levels.
- Thirty percent of all lesbian and bisexual women said they used drugs other than alcohol.
- The most commonly used drugs by lesbian and bisexual women were alcohol (66%), marijuana (38%), painkillers (29%), tranquilizers (16%) and cocaine (14%). Except for alcohol, these rates are significantly higher than for women in the general population.
- While lesbian and bisexual women tended to be aware of problems caused by AOD use in their primary relationships, very few report having ended a relationship due to AOD abuse (whether "hers" or "mine"). The data suggest that these women may stay in relationships troubled by AOD use more often than gay and bisexual men.
- One in seven lesbian and bisexual women said they experienced violence when drunk or high; most of these were in the highest AOD risk category.
- Beyond "recreation", the purposes for using alcohol cited most often by lesbian and bisexual women were to avoid emotional pain, to fit in with other drinkers, to reduce social discomfort, and to avoid thinking about problems. These women reported using *other drugs* primarily to relax/party, to avoid emotional pain, and to avoid boredom or problems.
- Twenty-six percent of lesbian and bisexual women said they were in recovery from AOD use; most had been in recovery for more than one year.
- Bisexual women reported AOD problems at rates that were substantially higher than lesbians.
- Almost one-half (48%) of lesbian and bisexual women said they had been sexually assaulted as children. About one-third (29%) said they had been sexually assaulted as adults.

KEY FINDINGS: AOD USE PATTERNS AMONG GAY AND BISEXUAL MEN

- Gay and bisexual men appear to use alcohol and other drugs more often, in greater amounts, and in combination more frequently than men in the general population.

- Nearly one-third (31%) of gay and bisexual men reported using alcohol and/or other drugs at the highest risk level established for this survey, which reflects likely chemical dependency and, for many, addiction. Another 11 percent reported AOD use in the next highest risk category, describing use patterns that were potentially problematic. This means that as many as 42 percent of gay and bisexual men currently may be using AOD at risky levels.
- Forty percent of all men said they used drugs other than alcohol.
- The most commonly used drugs by men were alcohol (75%), marijuana (50%), amyl nitrate (27%) painkillers (26%), amphetamines (18%) and cocaine and tranquilizers (17%). Except for alcohol, these rates are significantly higher than for men in the general population.
- AOD use is a significant factor in unsafe sexual practices and HIV transmission. The high rates of use of amyl nitrate, amphetamines and cocaine are particularly dangerous since these drugs are linked with unsafe sexual practices. In addition, one-third of HIV positive gay and bisexual men said they had unsafe sex during the past year while drunk or high, as did 28 percent of men reporting use at the highest risk level (more than twice the rate for each of the next two risk levels.)
- One in five gay and bisexual men reported experiencing violence while drunk or high; most of these were in the highest AOD use risk category.
- Beyond "recreation", the purposes for using alcohol cited most often by gay and bisexual men were to feel less shy, to avoid emotional pain, to fit in with other drinkers, and to avoid boredom or problems. These men reported using *other drugs* primarily to relax/party, to have sex, to avoid boredom or problems, to feel less shy, and to avoid emotional pain.
- Twenty-eight percent of gay and bisexual men said they were recovering from AOD use; about half of these had been in recovery for more than a year.
- More than one-quarter (28%) of gay and bisexual men said they had been sexually abused as children, and 14 percent had been sexually assaulted as adults.

KEY FINDINGS: SERVICE AVAILABILITY

- It is impossible to determine how many gay and bisexual men, and lesbians and bisexual women receive AOD services, since programs are not mandated to collect statistics on program participants' sexual orientation.

- A handful of programs provide some AOD services to gay men; only one targets lesbians. No residential program exists for lesbians, and only one for gay and bisexual men.
- More AOD services are available to gay men than to lesbians. Several of these are linked to HIV prevention, treatment, and support programs.
- While the majority of programs serving the general population appeared aware that they served lesbians, gay men, and bisexuals, many seemed uncomfortable dealing openly with sexual orientation issues. Half of these programs said they provided some form of sensitivity training to staff about gay and lesbian issues, but less than one third have formal policies addressing homophobia among staff and other clients. Similarly, only one third provide any visual welcoming clues, such as brochures, posters, or other written material that specifically address lesbians or gay men.
- While one quarter of gay and bisexual men, and lesbian and bisexual women reported participating in 12 Step Programs, and around 16 percent said they were seeing professional counselors for AOD problems, twice as many men than women reported receiving services from an AOD inpatient or outpatient facility. This suggests a lack of services, or barriers to services, for lesbian and bisexual women, rather than low demand.

SERVICE IMPLICATIONS

Given the higher rate of AOD abuse among gay and bisexual men, and lesbian and bisexual women, including a substantial proportion of polydrug abuse, the following implications for service emerge from this study:

- Gay men, lesbians, and bisexual men and women appear to be significantly underserved at every point on the service continuum. Lesbians are particularly underserved, and bisexuals appear to be invisible to the service system.
- Availability of services appears to be limited by three key factors:
 - lack of services specifically targeting these populations.
 - lack of sensitivity and openness among AOD-related programs serving the general population.
 - cost of services and waiting lists.

- To allow for more effective planning of AOD services, AOD programs should be required to keep statistics on the sexual orientation of their clients. Programs should receive technical assistance on developing sensitive methods to obtain this information, and on creating an open and supportive atmosphere for lesbian, gay, and bisexual clients.
- The clear connection between AOD use and unsafe sex practices among gay and bisexual men indicates the need for continued and expanded linkage between AOD and HIV prevention efforts.
- The high number of lesbian and bisexual women reporting current relationships with significant others indicates the need to include partners and address co-dependency and family issues in their AOD treatment. In addition, the high number of lesbian and bisexual parents indicates a need for AOD programs to deal with child care issues, as well as provide services for children of lesbian and bisexual alcoholics/addicts.
- Programs should be prepared to address relationship violence, anger control and other aspects of violence and victimization as a central part of AOD treatment for gay men, lesbians and bisexual men and women.
- Very little AOD prevention work is being done that does not relate to HIV prevention. Most prevention efforts targeting women focus on perinatal effects of AOD use. Lesbians are, therefore, not being targeted for any significant prevention efforts.

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